

PARENT'S REQUEST FOR MEDICAL SUBSIDY FOR AN ADOPTED CHILD

Michigan Family Independence Agency

See Directions on page 2 of this form.

Please TYPE or PRINT Clearly – All boxes must be completed.

Child's Adoptive Name Last First M.I.		Child's Date of Birth	Family's Telephone Number A/C ()	
Adoptive Father's Name Last First M.I.		Adoptive Mother's Name Last First M.I.		
Complete Address (Number and Street)		City	State	Zip Code
County of Adoption	Does the Child Receive: SUPPORT SUBSIDY? <input type="checkbox"/> YES <input type="checkbox"/> NO MEDICAL SUBSIDY? <input type="checkbox"/> YES <input type="checkbox"/> NO FAMILY SUPPORT SUBSIDY <input type="checkbox"/> YES <input type="checkbox"/> NO FROM CMH?			
State of Adoption				
Was this an Interstate or Intercountry Adoption? <input type="checkbox"/> YES <input type="checkbox"/> NO				
Was the Child in Foster Care at the Time the Petition for Adoption was Filed? <input type="checkbox"/> YES, Name of Adoption Agency <input type="checkbox"/> NO		Date of Adoption Placement	Date of Adoption Finalization	
List condition(s) for which subsidy is being requested: _____ _____				
I (we) understand the eligibility requirements for medical subsidy as described on the page 2 of this form.				
Father's Signature		Date	Mother's Signature	
			Date	

FOR CENTRAL OFFICE FIA USE ONLY

<input type="checkbox"/> Medical Subsidy is Approved for the following condition(s): _____ _____ _____	
<input type="checkbox"/> Medical Subsidy is Denied for the following reason(s): _____ _____ _____	
Signature of Adoption Subsidy Specialist	Date

NOTE: If the decision regarding approval or denial is unsatisfactory, a hearing through the Bureau of Administrative Hearings, P.O. Box 30639, Lansing, MI 48909, may be requested, in writing, within 90 days.

The Family Independence Agency will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to an FIA office in your county.	AUTHORITY: P.A. 292 of 1980. RESPONSE: Voluntary. PENALTY: Form must be received by the Subsidy Office in order to be considered for a medical subsidy.
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DIRECTIONS:

- A medical subsidy can be requested for any physical, mental or emotional condition which existed or the cause of which existed prior to adoption.
- **To establish a medical subsidy parents must:**
 1. Complete an return this for (parts 1 and 2) to:
Michigan Family Independence Agency
Adoption Subsidy Program
P.O. Box 30037
Lansing, MI 48909 Telephone: (517) 335-6304
 2. Submit documentation identifying the condition and documenting that the condition or the cause of the condition existed prior to adoption. **Documentation must be signed by the professional** and may be attached to the request form or mailed separately. **Physical/medical conditions must be diagnosed by a licensed physician. Mental or emotional conditions must be diagnosed by a licensed psychologist, licensed psychiatrist, or certified social worker.**
- If documentation is received **within** 90 days of receipt of this request by the Adoption Subsidy Program, **and** a medical subsidy is approved, the effective date of payment will be retroactive to the date this written request is received.
- If documentation is received **after** 90 days of receipt of this request by the Adoption Subsidy Program, the effective date of payment will be retroactive to the date the documentation is received.
- If documentation is not received within 180 days, the request will be denied.

Medical Subsidy Payments

After the adoptive child is certified eligible for a medical subsidy, the adopting parents sign an agreement that specifies the conditions covered and the date coverage begins.

Medical subsidy pays for treatment of conditions specified in the agreement. It does not pay for routine medical care. Medical bills are not processed until both the adoptive parents and the FIA director have signed the agreement. All other available coverage or resources (private health insurance, Medicaid, Children's Special Health Care Service, or any other public funds), must be applied before payment is made.

Medical subsidy payments are made for itemized bills submitted by the parent or service provider. **Payment is made at the rate approved by the Agency.** Payment can be made to the service provider, or the parent. Payment may be approved if all the following criteria are met:

1. The service is necessary to treat a certified condition.
2. The date of the service is on or after the effective date of the medical subsidy agreement.
3. All other private or public payment resources have been exhausted.
4. When required, authorization is obtained **prior to** treatment.
5. The parent and service provider both acknowledge treatment was provided.

Whenever possible, the family is requested to have the service provider submit bills covered by a medical subsidy.

Medical Subsidy Coverage

A medical subsidy provides payment for necessary treatment of covered conditions provided by a licensed and/or trained person or by a licensed facility. Parents are responsible for the selection of service providers.

Payment for treatment does not usually require prior authorization. However the following are **not** routinely covered by medical subsidy and **must be authorized by** the Adoption Subsidy Program **prior to** treatment:

1. Residential treatment or placement outside the family home including hospitalization.
2. Assisted care services.
3. Transportation.
4. Educational costs and services such as (speech therapy, physical therapy, occupational therapy, tutoring, school equipment and supplies.
5. Durable medical equipment (wheelchairs, ramps, etc.).